



# City of Santa Fe

P.O. Box 909, 200 Lincoln Ave., Santa Fe, New Mexico 87504-0909  
(505) 955-6597 · Job opening information (505) 955-6742  
FAX (505) 955-6810 · For hearing impaired call TDD (505) 955-6741  
<http://www.santafenm.gov>

## IMPORTANT INSTRUCTIONS FOR COMPLETING THIS APPLICATION

Complete this application in ink. Each position you apply for requires a separate application. Resumes are not accepted in lieu of applications. Copies of your application are acceptable. Each must be clear, have an original signature and correct job title and require attachments. Applications and attachments become official property of the City of Santa Fe and cannot be returned after being submitted.

**The completion of this application represents your ability to provide accurate and complete written communication and follow directions. Incomplete or illegible applications will NOT be processed.**

## APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, ancestry, age, sexual orientation, gender identity, marital or veteran status, or the presence of a medical condition or disability (unless a bona fide occupational qualification for the position).

Position Applied For: \_\_\_\_\_ Announcement No. \_\_\_\_\_

### PERSONAL INFORMATION

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Number) (Street) (City, State, Zip)

Telephone (Home) ( ) \_\_\_\_\_  
(Work) ( ) \_\_\_\_\_ (Cell) ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Have you ever used a different name for school or employment? If so, what name(s)? \_\_\_\_\_

Do you now work or have you previously worked for the City of Santa Fe?

Yes  No  If yes, indicate dates: From \_\_\_\_\_ To \_\_\_\_\_

Does the City of Santa Fe employ any relative of yours or are you related to a City Official? Yes  No

Name \_\_\_\_\_  
Relationship \_\_\_\_\_

Are you eligible to work in the United States? (If selected, proof of eligibility will be required) Yes  No

Do you possess a valid Driver's License? Yes  No

State \_\_\_\_\_ Class \_\_\_\_\_ License # \_\_\_\_\_

### Referral Source

- Website
- Advertisement
- Job Fair
- Friend or Relative
- Job Line
- Walk-In
- Other (Describe) \_\_\_\_\_

Carefully read the position and recruitment announcement for which you are applying. Note the knowledge and skills required for the position. Assure that you meet the minimum qualifications for the position. If high school/GED, college education, or certification is required, either attach a copy of your diploma, degree, transcripts or required certifications to application or bring at time of interview.

Complete an experience block for each of your past jobs describing your job duties and responsibilities. Volunteer work is acceptable with a letter on letter head from the employer documenting the job duties, beginning and ending dates, and number of hours worked.

The Human Resources Department will review all applications to determine if the applicant meets the minimum qualifications.

Qualifying applications are then reviewed by the selecting official(s) for selection of interviewees.

If you are selected for an interview, you will be contacted by phone. After interviews are conducted, applicants will be contacted by letter and informed of selection status

### FOR USE BY HUMAN RESOURCES DEPARTMENT

Experience \_\_\_\_\_

Education \_\_\_\_\_

Comments \_\_\_\_\_

Accepted  Rejected  Staff \_\_\_\_\_ Date \_\_\_\_\_

**EDUCATION:**

**High School/G.E.D., college degree or college transcripts will need to be attached to the application or turned in at time of interview, if it is required.**

<input type="checkbox"/>	Yes	High School Diploma/GED Certificate? Name of School: _____
<input type="checkbox"/>	No	If no, Indicate Grade Completed: _____

<input type="checkbox"/>	Vocational/ Technical	Hrs. Completed _____
Name of School _____		Major Field _____

UNDERGRADUATE	GRADUATE
College or University _____	College or University _____
Major Field(s) _____	Major Field(s) _____
Hours Completed Semester: _____ Quarter: _____	Hours Completed Semester: _____ Quarter: _____
Degree(s) Received: _____ Degree(s) Received: _____	Degree(s) Received: _____ Degree(s) Received: _____
Date(s) Received: _____ Date(s) Received: _____	Date(s) Received: _____ Date(s) Received: _____

1. License/Certificate issued by _____			
Field/Trade/Specialization	Lic./Cert. No.	Issue Date	Exp. Date
2. License/Certificate issued by _____			
Field/Trade/Specialization	Lic./Cert. No.	Issue Date	Exp. Date

Special skills you possess that are relevant to the position being applied for, e.g., computer literacy (types of hardware/software), types of equipment operated, management training, etc.

**POLICE AND/OR FIRE APPLICANTS ONLY**

Are you age 21 or over?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Social Security # _____	
Driver's License # _____ State _____	
Are you willing to submit to a full background investigation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you willing to submit to a drug and alcohol screening?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you will to submit to psychological testing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you willing to submit to a polygraph testing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you willing to undergo various physical agility tests and submit to a full physical examination?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you are applying for a position requiring typing, complete and sign the follow.

**TYPING PROFICIENCY SELF - CERTIFICATION**

I hereby certify that I can type at the following speed:

- Less than 30 word per minute
- 31 – 40 words per minute
- 41 – 50 words per minute
- 51 – 60 words per minute

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PROFESSIONAL REFERENCES (Not Relatives):** List only those you will permit us to contact.

Name	Address	Phone	Profession Relationship

**EXPERIENCE:** Please begin with your most recent experience in block 1.

May inquiry be made of your current and past supervisors or employers regarding your character, qualifications, and record of employment?

Yes  No

If No, please indicate which employer(s) it applies to and why:

**NOTE:** Volunteer or unpaid but relevant experience will be evaluated in the same manner as paid experience. A letter from the employer documenting job duties, beginning and ending dates, and number of hours worked is required.

<b>1</b>	Employer's Name	Kind of Business			From (Mo./Yr.)	To (Mo./Yr.)		
	Employer's Address No. & Street/P.O. Box	City	State	Zip	Your Job Title			
Supervisor's Name	Phone Number ( )	Check One <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Hours per Week	Start Mo. Pay \$	Last Mo. Pay \$		
If you supervised employees, please indicate number & give dates No. From (Mo./Yr.) To (Mo./Yr.)			Place of employment (City/State) if different from employer's address					
DUTIES:								
REASONS FOR LEAVING OR WANTING TO LEAVE						<b>DO NOT WRITE IN THIS AREA</b> <table border="1"> <tr> <td>YEARS</td> <td>MONTHS</td> </tr> </table>	YEARS	MONTHS
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<b>2</b>	Employer's Name	Kind of Business			From (Mo./Yr.)	To (Mo./Yr.)		
	Employer's Address No. & Street/P.O. Box	City	State	Zip	Your Job Title			
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**NOTE:** For additional experience blocks, please use continuation sheet.

**PLEASE READ BEFORE SIGNING  
PRE-EMPLOYMENT INQUIRY AUTHORIZATION RELEASE**

In connection with my application for employment, I understand and agree that employment inquires may be requested by the City of Santa Fe that will seek information pertaining to my character, work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment, previous employment, education background, and other past experiences. I also release and hold harmless all of my previous employers and the City of Santa Fe from any liability that may potentially result from the release or use of such information. I certify that the information contained in this application is correct and complete to the best of my knowledge and belief. I understand that knowingly making a false statement or omission in this application will be cause for rejection of this application or dismissal after employment. I understand that this application shall become a public record upon receipt and therefore shall be available for public inspection.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**APPLICANT DATA RECORD:**

To help us comply with Equal Employment Opportunity record keeping, reporting and other legal requirements, please fill out the Application Data Record. This is not required, but we appreciate your cooperation.

This data will be kept in a **CONFIDENTIAL FILE** separate from the Application for Employment. **IT WILL NOT BE SEEN BY THE SELECTING OFFICIAL.**

Recruitment Announcement Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Date/Time \_\_\_\_\_

Referral Source:

- Advertisement
- Which One:
  - Friend or Relative
  - Job Line
  - Walk-In
- Other (describe) \_\_\_\_\_

Male  Female

Birth Date: \_\_\_\_\_

Race/Ethnicity Group:

- White  Black  Hispanic
- American Indian / Alaskan Native
- Asian or Pacific Islander
- Other

**VETERAN STATUS**

Please complete the following if you are a veteran. (Check all that apply)

- Vietnam era veteran
- Other veteran
- Disable veteran
- Active military (Reserves, etc.)